

AFTERNOON SESSION

HOW DOES OUR NATION CONFRONT PRISON RAPE:

THE MEDICAL, EMOTIONAL AND MENTAL HEALTH

QUESTIONS

COMMISSIONER SMITH: I actually have a question or at least a series of comments.

Dr. Potter, it sounds like sort of this notion of imprisonment and HIV as -- imprisonment as a risk factor of some kind for HIV has been floating around CDC for some time. I guess I would have a couple of questions. One, in terms of, you know, sort of your knowledge about the role of CDC in terms of doing the education or risk prevention among the prison population and currently the percentage of your budget or efforts that are directed in that way, if you know?

DR. POTTER: Let me deal with the first part, Commissioner Smith, first. We just finished -- my group just finished, along with the Health Resource Services Administration a five-year demonstration project in which we worked in prisons, jails, and juvenile facilities in seven states across the nation to develop programs where

we encouraged HIV, hepatitis, and other STD testing amongst inmates, education, prevention education.

And for those inmates who were HIV positive, we were able to then test linking them to services in various ways in the respective communities. We let the community set that up. We are in the process now of getting those final reports in. None of those really looked at transmission while inside; we were just looking at once people were HIV positive, what kind of treatment do they then get, how do we then link them back to services in the community. Is there a good way, is there a best way to do that and try to keep them -- and, again, number one, substance abuse; number two, mental health; and number three, their physical needs are really what they run into, so that mental health, substance abuse, HIV, Hepatitis C link in particular are very important things in -- separated out, that we can't talk in detail about.

We believe that because you see a higher rate of people going through correctional facilities who have HIV than in the general

population -- again, we always get back. That's a comparison to the general population, not to the communities from which these people come. And most of these people are coming from communities where we see a higher rate of HIV than the general population.

We're really trying to figure out how do we keep people in services, how do we do prevention for positives, and how do we help people who are going through the system to understand what not to do when they do get out. What to do to avoid transmitting the disease. There are other projects that are going on around CDC, most of which are ending right now.

For the last few years we were probably scheduling between eight and ten million dollars out of our total budget on HIV and corrections-related topics; STDs, hepatitis, et cetera. Right now, we're not spending a whole lot because most of our projects have wound down. So we're sort of in the middle phase, I think, of looking to see where we would be going next.